FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
	(SSS Instructions)	Office use only
NAME OF COMMITTEE (in fig. 1)	(Check if name Example: If typyir is changed) over the lines	12FE4M5
MARY'S POLIT	ICAL ACTION COMMITTEE	
ADDRESS (number and s	7315 Wisconsin Avenue	
<b>T</b>	Sujte 310 East	
X (Check if addre is changed)	Bethesda	MD 20814
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL		
cfs@talentpayr	naster.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 3016543222	UMBER	
2. DATE 0 9	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICATION NUMBER C C00365338		
4. IS THIS STATEM	ENT NEW (N) OR X AMENI	DED (A)
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is tr	ue, correct and complete
Type or Print Name of 1	reasurer Meredith Kelley	
Signature of Treasurer	Electronically Filed by Meredith Kelley	Date 09 / 25 / Y 2008
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person sign	•
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